



## CANDIDATE FILING FORM

DATE: \_\_\_\_\_

I, \_\_\_\_\_, residing at the following address  
(Please print name as it is to appear on the ballot)

House #                      Street    City    Zip Code

\_\_\_\_\_  
(Mailing Address if different from home address)

Hereby file as a candidate of \_\_\_\_\_ for the Office  
of \_\_\_\_\_.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sign Your Full Legal Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

Form must be notarized if it is not completed in the office. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

### NOTARY INFORMATION

Subscribed and sworn to before me on the following date:

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

DATE: \_\_\_\_\_